IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only ndexed	
Audited	_
Checked	
Computer	

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda Correctional Facility	
lame of Department or Office 2000 N. 16th Street C	iarinda, IA 51632
	ity, State, Zip Code
rea Code & Telephone No.	
NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:
Meredith Baker	
lame	
lailing Address (if different from above)	City, State, Zip (if different from above)
neredith.baker@iowa.gov mail Address	712-542-6107 Area Code & Telephone Number (if different from above)
High Address	
NOR OF GIFT OR BEQUEST:	
Anthony Bertolone	
ame	
alling Address City, State, Zip Code	10/30/17 \$19.96
	Date of Gift or Bequest Amount/Value*
rea Code & Telephone Number	*value is defined as "fair market value" of item as determined by
	receiving department or office. If no value mark "0.00".
mail Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
DVD for the CCF movie library.	
DVD for the CCF movie library. Criteria to use this form:	etate or received by the Governor on hehalf of the state
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OVD for the CCF movie library. Criteria to use this form: Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.
OVD for the CCF movie library. Criteria to use this form: Receipt of any gift or bequest that is received by any department of the tement of Affirmation:	state or received by the Governor on behalf of the state.
DVD for the CCF movie library. Criteria to use this form: Receipt of any gift or bequest that is received by any department of the tement of Affirmation: Landy Gibbs affirm that the gift or bequest reported above	ve is accurate. I further affirm that the information concerning the donor and
"Pirates of the Caribbean Dead Men Tell No Tales" DVD for the CCF movie library. Criteria to use this form: Receipt of any gift or bequest that is received by any department of the attement of Affirmation: Randy Gibbs	ve is accurate. I further affirm that the information concerning the donor and
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